

SERIAL NUMBER <div style="text-align: center;">09/314,958</div>	FILING DATE <div style="text-align: center;">05/20/99</div>	CLASS <div style="text-align: center;">358</div>	GROUP ART UNIT <div style="text-align: center;">2724</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">P17948</div>
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APPLICANT

JUNICHI IIDA, YOKOHAMA-SHI, JAPAN.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED NONE  
JP

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED NONE  
JP

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED          JAPAN                      JP11-18998                      01/27/99  
JP

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/18/99

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (e-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	JPX	19	18	2
Verified and Acknowledged <u>JP</u> <u>J.P.</u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>					

ADDRESS

SEE CUSTOMER NUMBER: 007055

TITLE

NETWORK FACSIMILE APPARATUS AND TRANSMISSION METHOD

FILING FEE RECEIVED  <div style="text-align: center;">\$760</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees (Filing)  <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)  <input type="checkbox"/> 1.18 Fees (Issue)  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </div>
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